

**Professional Licensing Agency**  
402 West Washington Street  
Room W072  
Indianapolis, Indiana 46204



**Michael R. Pence**  
*Governor of Indiana*  
**Nicholas W. Rhoad**  
*IPLA Executive Director*

## Home Medical Equipment Service Provider Renewal Form

Your license expires soon. You may renew online at [www.pla.in.gov](http://www.pla.in.gov) or complete and mail this form with the renewal fee of \$200 to the address in the top right corner. Make check or money order payable to 'Indiana Professional Licensing Agency'. If this form is postmarked after 12/31/13 you must include a \$50 late fee. If you answer 'Yes' to questions 1-5 below, please send a signed and notarized statement fully explaining the response plus any additional documentation by email to [pla4@pla.in.gov](mailto:pla4@pla.in.gov) or by fax to (317) 233-4236.

<b>LICENSEE INFORMATION: Update address, if needed, and provide a current phone number and email address</b>			
<u>Enter Licensee Name</u>	<u>Enter License Number</u>	<u>Expiration Date</u>	<u>Renewal Fee</u>
		12/31/2013	\$200
Street Address			
City	State	Zip Code	
Phone Number	Email Address		

1. Since your last renewal has the facility or any of its agents or employees been excluded from Medicare participation?	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Since your last renewal has the facility or any of its agents or employees had any disciplinary action taken by a federal or state government agency or is any action pending?	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Since your last renewal has the facility had any action taken by an accreditation or certification body or is any action pending?	Yes <input type="checkbox"/> No <input type="checkbox"/>
4. Since your last renewal has your facility been denied a license or registration in any state?	Yes <input type="checkbox"/> No <input type="checkbox"/>
5. Since your last renewal has the applicant, or any of the applicant's employees or associates, ever been convicted of a felony that has not been expunged by a court?	Yes <input type="checkbox"/> No <input type="checkbox"/>

<b>LICENSEE AFFIRMATION</b>	
By signing below, I hereby attest that the information listed on this renewal application is true, complete and correct.	
Signature of Licensee	Date (month, day, year)

Visit us on the web at [www.pla.in.gov](http://www.pla.in.gov). If you have any questions for the Indiana Board of Pharmacy please email [pla4@pla.in.gov](mailto:pla4@pla.in.gov) or call 317-234-2067.

<b>FOR OFFICE USE ONLY</b>		
Renewal Fee	Receipt No.	Date